

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO. 10/585,648
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
	1	1					51						
2		1					52						
3		12					53						
4		④1					54						
5		④①					55						
6		④1					56						
7		④①					57						
8		④1					58						
9		④①					59						
10		④①					60						
11		④①					61						
12		④1					62						
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48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓								
TOTAL DEP.	11		←		←								
TOTAL CLASCS	12												